

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046614

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 345

FILED NOV 20 1963

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Normandy

Length of stay in 1b
2wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Normandy Osteo. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis

c. CITY OR TOWN Overland

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2431 Oakland

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last
Blanche f Taylor

4. DATE OF DEATH Month Day Year
Nov 10 1963

5. SEX

Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
8-7-1891

9. AGE (last birthday)
72

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own Home

11. BIRTHPLACE (City and state or country)
St Louis Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Daniel Madden

13b. MOTHER'S MAIDEN NAME

Mary DuBois

14. NAME OF HUSBAND OR WIFE

Charles E(Decesed)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Marge Myer 8910 Lackland Overland Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

diabetic coma from diabetes mellitus 5 yrs

DUE TO (c)

possible carcinoma lung

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

benign

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to 1963 and last saw her alive on 11/10/63

Death occurred at 11/10/63 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title) MD

22b. ADDRESS

2335 Brown Rd St Louis

22c. DATE SIGNED

11/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

11-10-63

23c. NAME OF CEMETERY OR CREMATORY

Mt Lebanon Cemetery

23d. LOCATION (City, town, or county)

Bridgeton Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ortmann F Home 9222 Lackland Overland Mo

11-17-63

John C. Mumfry MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

1 4031

2 400X

3

4 1

5 2

6

7 0

8 2

9260XH

10

11

12 413-2

13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

STATEMENT working under my personal supervision.
STATEMENT BY 11 YB 11-1-1902

Student _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

P. O. Address _____

EMBALMER